

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 173
Registered No. 86

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Carlos Santa Cruz

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

Male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

4

6. Legitimate?

Yes

7. Date of birth

Apr. 20, 1927

Month Day Year

5. No., in order of birth

4

8.

FATHER

Full name

Roy Santa Cruz

9. Residence

(Usual place of abode)

Globe, Arizona

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday

26 (Years)

12. Birthplace (city or place)

(State or country)

Jerome, Arizona

13. Occupation

Nature of industry

Miner

14.

MOTHER

Full maiden name

Frances Carrisoza

15. Residence

(Usual place of abode)

Globe Arizona

If non-resident, give place and state.

16. Color or race

Mexican

17. Age at last birthday

24 (Years)

18. Birthplace (city or place)

(State or country)

Globe Arizona

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

Three

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

Three

(b) Born alive but now dead

none

(c) Stillborn

none

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Born alive (Born alive or stillborn.)

at 11:15 p.m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

J. C. Harper

(Physician or midwife)

Given name added from a supplemental report

Address

Globe, Arizona

Month, day, year

Filed

4-30, 1927

H. D. Mont

Registrar

Registrar

329-420-631

number

order of birth stated.

order of birth stated.

N. B.—In case of child